



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 1300.2
BUMED-03
17 Feb 2000

BUMED INSTRUCTION 1300.2

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING AND
EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

Ref: (a) OPNAVINST 1300.14B
(b) SECNAVINST 1754.5
(c) OPNAVINST 1754.2A
(d) NAVPERS 15909F, Enlisted Transfer Manual, Chapter 4
(e) NAVPERS 15559B, Officer Transfer Manual, Chapter 4
(f) MCO P1300.8R, Chapter 2
(g) CINCUSNAVEURINST 1300.1
(h) NAVMED P-117, Manual of the Medical Department
(i) SECNAVINST 1000.10
(j) OPNAVINST 6000.1A
(k) MCO 5000.12D
(l) BUMED Notice 6320 of 26 Oct 1999
(m) ASD(HA) memo of 9 Feb 1999
(n) ASD(HA) memo of 19 Feb 1998
(o) DoD 1010.13-R
(p) DoDINST 1342.12
(q) BUMEDINST 6230.15
(r) MCO P1754.4A

Encl: (1) Glossary of Terms, Abbreviations, and Definitions
(2) Guidelines, Procedures, and Responsibilities for
Medical, Dental, and Educational Suitability Screening
(3) Remote Duty Locations in the United States
(4) Department of Defense Dependents Schools (DoDDS)
Special Education Coordinators
(5) Forms Reference Guide
(6) Summary of Requirements for Medical, Dental, and
Educational Suitability Screening
(7) Medical, Dental, and Educational Suitability Screening
Checklist and Worksheet, NAVMED 1300/2 (Rev. 02-00)
(8) Medical, Dental, and Educational Suitability Screening
for Service and Family Members, NAVMED 1300/1
(Rev. 02-00)
(9) Naval Air Facility Atsugi, Japan Health and
Environmental Fact Sheet and SF 600 (overprint)
(10) Guidelines, Procedures, and Responsibilities for
Exceptional Family Member Program (EFMP) Enrollment
(11) EFMP Central Screening Committees and EFMP Enrollment
Managers

17 Feb 2000

1. Purpose

a. Reference (a) requires the Bureau of Medicine and Surgery (BUMED) to: prescribe procedures for medical, dental, and educational suitability screening; monitor execution of screening procedures; determine the cause and institute corrective action for screening deficiencies; and make recommendations for additions or deletions of locations considered as remote duty stations to the Navy Personnel Command (NAVPERSCOM). References (b) and (c) require BUMED to develop policy for health care providers and patient administrators to identify and enroll eligible service and family members in the EFMP and to maintain central screening committees. This instruction addresses these requirements.

b. Screening procedures are used to:

(1) Determine the suitability of Navy and Marine Corps service and family members for overseas, remote duty, or operational assignments by identifying medical, dental, and educational requirements, henceforth referred to as special needs.

(2) Determine suitability for worldwide operational assignments subsequent to periods of limited duty (LIMDU) or the finding of "fit for continued Naval service" by the Physical Evaluation Board (PEB).

(3) Identify family members who are eligible for enrollment in the EFMP.

c. Enclosure (1) contains a glossary of terms, abbreviations, and definitions used in this instruction.

2. Cancellation. NAVMEDCOMINST 1300.1C.

3. Background

a. Service and family members with special needs who are improperly screened can arrive at overseas, remote duty, or operational assignments with requirements beyond the capability of local medical, dental, educational, or community facilities. This may result in increased absences from duty, decreased quality of life, early return from the assignment, billet gaps, and unplanned expenditures of temporary additional duty (TAD) or permanent change of station (PCS) funds. Proper screening ensures a productive tour for the service member, family, and command and reduces costs.

17 Feb 2000

b. Service members (including reservists with orders specifying active duty of more than 30 days) are arriving on ships or in the field with medical conditions which are either beyond the treatment capability of the operational unit or with medical conditions which, while not considered unfit for duty ashore, are nonetheless incompatible with successful assignment to a particular operational platform. Naval operations will continue to rely on fewer personnel to operate systems of increasing complexity and can no longer tolerate unplanned losses of deployed personnel. The loss of a single Sailor or Marine may compromise the readiness of a unit.

c. Screening supports readiness by ensuring the service member can execute his or her military duties associated with the military occupation and assignment. Communication and collaboration among and between the transferring and gaining commands and the screening and gaining military treatment facilities (MTFs) during the transfer process is essential to ensure successful assignments.

4. Responsibilities

a. Per references (a), (d), and (e), the commanding officer of the transferring command shall:

(1) Ensure each service and family member is screened within 30 days of receipt of transfer orders. Service and family members will not be transferred before satisfactory completion of all aspects of the suitability screening process. Reference (f) prescribes requirements for the Marine Corps and reference (g) prescribes requirements for U.S. Naval Forces, Europe.

(2) Determine suitability for an overseas, remote duty, or operational assignment based on a command review and the medical, dental, and educational suitability recommendation.

b. A commander, commanding officer, or officer in charge of a MTF shall:

(1) Provide the transferring command with a recommendation on a service or family member's suitability for an overseas or remote duty assignment by identifying and evaluating special needs.

(2) For operational assignments, provide the transferring command with thorough, specific, and sound medical advice concerning the service member's medical and dental status. The following conditions must be considered for suitability

17 Feb 2000

determinations: Subacute or chronic conditions which require recurrent or frequent medical visits, chronic medication need, behavior which may impact good order and discipline, and physical as well as emotional attributes. Transferring commands require information as accurate as possible concerning the potential receiving platform's environment and medical and dental capability.

(3) Communicate and document full disclosure of potential environmental exposures and possible health effects at locations where required.

(4) Convene a temporary limited duty (TLD) board or a medical evaluation board when a service member can not perform the duties of his or her grade or rate or meet anticipated requirements of future assignments ashore or at sea. Keep the commanding officer of the parent command informed of all actions. The board will determine if the member is fit for transfer, placed on LIMDU or referred to a PEB. Under the Disability Evaluation System (DES), members with certain duty-limiting conditions are considered "fit for duty," however, this does not imply suitability for worldwide operational deployment. When it is clearly indicated that the member's condition will continually interfere with the ability to function effectively in the operational arena or to be worldwide deployable, the transferring command, in coordination with and under the guidance of the NAVPERSCOM, may process the member for administrative separation.

(5) Assign responsibility for suitability screening to an organization within the MTF. Designate a suitability screening coordinator (SSC) within that organization to oversee the screening process.

(6) Assign specific MTF providers (medical officers, physician assistants, nurse practitioners, or independent duty corpsmen (IDCs)) with the responsibility to conduct medical screening. First-hand knowledge of an operational or overseas environment is desirable. IDCs assigned to deployable units may screen active duty Naval personnel without family members.

(7) In facilities or units without available dental capabilities, train the medical screener to properly screen dental records.

(8) Designate an Exceptional Family Member Coordinator (EFMC) to oversee EFMP enrollment, assist current and prospective EFM families, and provide training and marketing for the EFMP. When feasible, assign the SSC and EFMC functions to one person.

17 Feb 2000

(9) Ensure SSC, MTF provider, and EFMC personnel understand their roles and responsibilities in the screening process and are knowledgeable of the relevant parts of references (h) through (m) and this instruction. Enclosures (2) and (10) contains detailed guidelines, procedures, and responsibilities for the SSC, MTF, and dental treatment facility (DTF) provider and EFMC.

(10) Provide the current name, telephone and telefax numbers, and e-mail address of the SSC and EFMC to BUMED (MED-31BAS) for inclusion in the Patient Administration Directory available on BUMED's website. Also, provide this information to the local DTF, line commands, fleet liaison officers, personnel support detachments (PSD), family service centers, child development centers, and other activities that provide resource or referral information to service and family members.

(11) Require MTF staff to identify family members with special needs and enroll them in the EFMP, either during routine medical care or through the suitability screening process.

(12) Supplement this instruction with written procedures unique to local situations such as:

(a) Screening family members who are joining service members already overseas.

(b) Return of service and family members to their current overseas or operational assignment by the Global Patient Movement Requirements Center (GPMRC).

(c) Intra-theater transfers.

(d) Transfers to a location where medical services are the responsibility of a non-Navy MTF or DTF.

(13) At an overseas or remote MTF:

(a) Ensure the SSC and MTF providers respond within 7 working days of receipt of screening inquiries.

(b) Ensure the SSC, MTF providers, and the EFMC are aware of current local resources and constraints.

(c) Coordinate with the local Educational and Developmental Intervention Services (EDIS) program for infants and toddlers with disabilities and their families who require early intervention services (EIS) to ensure such services are available.

BUMEDINST 1300.2
17 Feb 2000

(d) Coordinate with the regional DoD Educational Activity (DoDEA) special education coordinator and EDIS program for preschool and school-age children with disabilities who require special education or related services to ensure such services are available.

(e) Ensure health records of newly transferred service and family members are reviewed and checked into the MTF.

(f) Promptly report screening deficiencies.

c. The commanding officer or officer in charge of a DTF shall:

(1) Designate a dental SSC to oversee the dental screening process and ensure coordination with the SSC from the referring MTF.

(2) Assign specific DTF providers with the responsibility to conduct dental screening.

(3) Ensure the SSC and DTF staff are trained, understand their roles and responsibilities in the screening process, and are knowledgeable of the relevant parts of references (h) and (n) and this instruction.

(4) Ensure written directives are developed and implemented that address local procedures for screening and EFMP enrollment.

(5) Require DTF staff to identify family members with special needs and enroll them in the EFMP, either during routine dental care or through the suitability screening process.

d. The commander or commanding officer of Naval Medical Center, Portsmouth; Naval Medical Center, San Diego; and U.S. Naval Hospital, Yokosuka shall maintain a central screening committee composed of multidisciplinary specialties who will:

(1) Provide developmental pediatric training to health care providers.

(2) Assist in the identification and evaluation of EFM.

(3) Provide screening functions and recommendations to the NAVPERSCOM (NPC-662F) regarding EFMP enrollment.

(4) Assist Navy families in the care of their EFM.

5. Forms

a. SF 603 (10-75), Health Record, Dental, NSN 7540-00-634-4179 is available through normal supply channels.

b. SF 603A (10-75), Health Record, Dental (Continuation), NSN 7540-00-577-5881 and EZ 603.1 (trial) and EZ 603A (trial), Health Record, Dental are available at all dental commands.

c. SF 88, Report of Medical Examination is available on the following web sites:

(1) SF 88 (Rev. 3-89), <http://forms.psc.gov/sforms.htm> (the table is in error, it lists (Rev. 10-94), but supplies (Rev. 3-89)).

(2) SF 88 (Rev. 10-94), <http://web1.whs.osd.mil/icdhome/SFEFORMS.HTM>.

(3) SF 88 (Rev. 10-94) is also available from the Navy Supply System and may be requisitioned using NSN 7540-00-634-4038.

(4) Commands may use whichever version serves their purpose; local reproduction is authorized.

d. SF 93 (6-96), Report of Medical History is available at <http://web1.whs.osd.mil/icdhome/SFEFORMS.HTM>.

e. The following forms are available from the Navy Supply System and may be requisitioned per CD ROM NAVSUP PUB 600(NLL):

(1) NAVPERS 1754/1 (Rev. 8-92), Exceptional Family Member (EFM) Program Application, S/N 0106-LF-014-9400.

(2) NAVPERS 1754/3 (Rev. 8-92), Functional Medical Summary, S/N 0106-LF-014-9500.

(3) NAVPERS 1754/4 (Rev. 8-92), Special Education Worksheet, S/N 0106-LF-014-9600.

f. NAVPERS 1300/16 (Rev. 4-99), Report of Suitability for Overseas Assignment is available at <http://www.persnet.navy.mil/pers451/osr.html>.

g. The following forms are available from BUMED's website at <http://navymedicine.med.navy.mil/instructions/external/external.htm>:

BUMEDINST 1300.2
17 Feb 2000

(1) NAVMED 1300/1 (Rev. 02-00), Medical, Dental, and Educational Suitability Screening for Service and Family Members.

(2) NAVMED 1300/2 (Rev. 02-00), Medical, Dental, and Educational Suitability Screening Checklist and Worksheet.

6. Reports Exemption. The reporting requirements contained in this instruction are exempt from reports control per SECNAVINST 5214.2B.

7. Publication. NAVPERS 15614C, Exceptional Family Member Program Guide, S/N 0500-LP-754-1900, is available from the Navy Supply System and may be requisitioned per CD ROM NAVSUP PUB 600(NLL).


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Available at:

<http://navymedicine.med.navy.mil/instructions/external/external.htm>

GLOSSARY OF TERMS, ABBREVIATIONS, AND DEFINITIONS

1. Accompanied. Term applied when command-sponsored family members are authorized to travel and reside with the sponsor.
2. Assistive Technology Device. Any item, piece of equipment, or product system used to increase, maintain, or improve functional capabilities of individuals with disabilities.
3. Assistive Technology Service. Any service that directly assists individuals with disabilities in the selection, acquisition, and use of an assistive technology device.
4. Composite Health Care System (CHCS). A computer-based medical management information system used in DoD health care facilities.
5. Defense Enrollment Eligibility Reporting System (DEERS). A computerized data bank which lists all active and retired military members and their family members.
6. Dental Treatment Facility (DTF). Military health care system dental facilities operated by the military medical departments.
7. Deoxyribonucleic Acid (DNA). Genetic material found in cell nuclei used for identification.
8. Department of Defense Dependents Schools (DoDDS). The component of the Department of Defense Educational Activity responsible for the education of DoD children residing in locations overseas.
9. Department of Defense Educational Activity (DoDEA). The headquarters level organization which operates Domestic Dependents Elementary and Secondary Schools and Department of Defense Dependents Schools.
10. Developmental Delay. A significant discrepancy in the actual functioning of an infant, toddler, or child when compared with a non-disabled infant, toddler, or child of the same chronological age in any of the following areas: physical, cognitive, communication, social or emotional, and adaptive development as measured using standardized evaluation instruments and confirmed by clinical observation and judgement. High probability for developmental delay includes infants and toddlers with a diagnosed physical or mental condition, such as chromosomal disorders and genetic syndromes, that places the infant or toddler at substantial risk of evidencing a developmental delay.

17 Feb 2000

11. Domestic Dependents Elementary and Secondary Schools (DDESS). The component of the DoDEA responsible for the education of DoD children residing on a military installation in the U.S. or in U.S. territories, commonwealths, and possessions. Formerly called Section 6 schools.

12. Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) - 4th Edition. A manual that contains diagnostic categories and criteria which are used by a clinician in diagnoses and treatment of various mental disorders.

13. Disability Evaluation System (DES). Process by which the DoD adjudicates physical fitness for duty and disposition of physical disability of active and reserve component service members.

14. Educational and Developmental Intervention Services (EDIS). Local MTF programs that provide early intervention and medically related services. EDIS are normally staffed with a developmental pediatrician, child clinical psychologist, social worker, community health nurse, occupational therapist, physical therapist, speech-language pathologist, and an early childhood special educator.

15. Exceptional Family Member (EFM). A family member with an identified special need requiring special health care or education services.

16. Exceptional Family Member Program (EFMP). A mandatory program requiring the identification and enrollment of family members with special needs to assist detailers and monitors in assigning service members to locations where the needs can be met. Managed by NAVPERSCOM for the Navy and Headquarters, Marine Corps for the Marines.

17. Early Intervention Services (EIS). Services designed to meet the developmental needs of an infant or toddler with a disability in one or more of the following areas of development: physical, cognitive, communication, social or emotional, and adaptive. EIS include, but are not limited to: family training, counseling, and home visits, special instruction, speech pathology and audiology, occupational therapy, physical therapy, psychology, service coordination, medical services for diagnostic or evaluation purposes, early identification, screening and assessment, ophthalmology, and social work. Also included are assistive technology devices and assistive technology services, health services necessary to enable the infant or toddler to benefit from the above EIS, and transportation and related costs necessary to enable an infant or toddler and the family to receive EIS. EIS

are provided to infants and toddlers with disabilities (birth through age 2) and their families following an individualized family service plan (IFSP).

18. Fit. Able to perform all duties requisite to a service member's assignment without medical impairment.

19. Fit to Continue Naval Service. A finding by the PEB that indicates the member is "fit to continue Naval service" based on evidence that establishes the member is able reasonably to perform the duties of his or her office, grade, rank or rating, to include duties during a remaining period of Reserve obligation. Within a finding of "fit to continue naval service" is the understanding that the mere presence of a diagnosis is not synonymous with a disability. It must be established that the medical disease or condition underlying the diagnosis actually interferes significantly with the member's ability to carry out the duties of his or her office, grade, rank or rating. Members found "fit to continue Naval service" by the PEB are eligible for appropriate assignment. However, a finding of fit by the PEB does not preclude subsequent temporary determinations of unsuitability for deployment, physical readiness test, or physical fitness test participation, disqualification for special duties, TLD, or administrative action resulting from such determinations.

20. Gaining Military Treatment Facility (MTF). The medical facility supporting the overseas or remote duty location or the medical resources or unit supporting an operational platform to include the organic medical department.

21. Glucose-6-Phosphate Dehydrogenase (G-6-PD). A blood enzyme which is tested to determine tolerance to anti-malarial medication.

22. Human Immunodeficiency Virus (HIV). Virus responsible for acquired immunodeficiency syndrome (AIDS).

23. International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). A publication containing standardized codes and nomenclature for all diseases.

24. Individualized Educational Program (IEP). A written plan for a preschool or school-age child with a disability (age 3 to 21 inclusive) which outlines the special education programs and related services (including those of a medical nature) that are required to meet the unique needs of a special education student.

17 Feb 2000

25. Individualized Family Service Plan (IFSP). A written plan for an infant or toddler (birth through age 2) with a disability and the family of such an infant or toddler that is based on a multi-disciplinary assessment of the unique needs of the child and concerns and priorities of the family. The IFSP identifies the early intervention and other services appropriate to meet such needs, concerns, and priorities.

26. Individuals with Disabilities Education Act (IDEA). The public law that requires the provision of EIS to infants and toddlers with disabilities (birth through age 2) and their families and a free appropriate public education (FAPE), to include special education and related services, to preschool and school-age children with disabilities (age 3 to 21 inclusive).

27. Limited Duty (LIMDU). See TLD or permanent limited duty (PLD).

28. Medical Evaluation Board (MEB). A body of physicians convened to report when a service member's physical and/or mental qualifications to continue full duty is in doubt or whose physical and/or mental limitations preclude their return to full duty within a reasonable period of time. The MEB is convened to evaluate and report on the diagnosis; prognosis for return to full duty; plan for further treatment, rehabilitation, or convalescence; estimate of the length of further disability; and a medical recommendation of disposition of such members.

29. Medically Related Services (MRS). DoD term for related services of a medical nature required to determine a student's eligibility for special education, and, if eligible, the direct or indirect services specified in an IEP that are necessary for the student to benefit from the educational curriculum. MRS may include medical services for diagnostic or evaluative purpose, social work, community health nursing, dietary, occupational therapy, physical therapy, audiology, ophthalmology, and psychological testing and therapy. MRS are provided to students with disabilities (age 3 to 21 inclusive). Entitlement is based on eligibility to enroll in DoDDS overseas and meeting DoDDS special education eligibility criteria. (See Related Services for comparison.)

30. Military Treatment Facility (MTF). Military health care system medical facilities operated by the military medical departments.

31. Operational Assignment. Term used in this instruction to designate an assignment to any Department of Navy unit which can be expected to deploy from its home base or port for a period of more than 30 days. Operational assignments include all sea duty,

remote inside the continental United States (CONUS) and outside the continental United States (OCONUS), fleet marine force, special operations, construction battalion, and forward deployed Naval forces orders.

32. Overseas. Term used in this instruction to designate locations outside the 48 contiguous United States. Alaska and Hawaii are exempt from suitability screening requirements except for locations designated as remote.

33. Permanent Limited Duty (PLD). A specified period of LIMDU for active duty members found unfit for duty authorized by a PEB and approved by NAVPERSCOM or Commandant of the Marine Corps (CMC).

34. Physical Evaluation Board (PEB). A board established on behalf of the Secretary of the Navy in making determinations of fitness for duty, entitlement to benefits, and disposition of service members referred for disability evaluation.

35. Purified Protein Derivative (PPD). Test administered to screen for tuberculosis.

36. Related Services. Transportation and such developmental, corrective, and other supportive services required to assist a child (age 3 to 21 inclusive) with a disability to benefit from their special education program. (See Medically Related Services for comparison.)

37. Remote Duty. Term used in this instruction for locations within the 50 United States that require suitability screening. Remote duty locations are designated based on timely access to health care services. Timely access for remote duty designation purposes is defined as 2 hours of drive time under most conditions to access specialty care.

38. Screening. Term used in this instruction to describe the process of identifying a service or family member with a special need that requires special health care or education services at an overseas, remote duty, or operational assignment. Screening is the systematic use of a series of interview questions, review of medical and educational records, and/or direct examination. Screening does not provide a diagnosis, but may require referral for further evaluation to determine a diagnosis.

39. Special Education. Instruction and related services for which a preschool or school-age child (age 3 to 21 inclusive) is entitled when a school determines a child's educational performance is adversely affected by one or more disabling conditions.

17 Feb 2000

40. Special Needs. Term used in this instruction to address any special medical, dental, mental health, developmental, educational or environmental requirements, wheelchair accessibility, adaptive equipment, and assistive technology devices or services.

41. Sponsor. A military service member or DoD civilian employee at an overseas or remote duty assignment who is accompanied by command-sponsored family members.

42. Suitability. A determination made by the commanding officer of the transferring command that a service or family member meets all requirements for an overseas, remote duty, or operational assignment. The determination is based on all information available, including but not limited to: medical, dental, mental health, developmental, educational or environmental requirements, behavioral, financial, professional performance, family stability and personal interview.

43. Temporary Limited Duty (TLD). The specified period of LIMDU authorized by NAVPERSCOM, CMC, or a medical board at a MTF. TLD addresses cases where the prognosis indicates the service member can be restored to full duty within the specified period. Generally, TLD is assigned in increments of 8 months, but not to exceed a total of 16 months.

44. TRICARE. The DoD regional managed health care program for service families with three health care options:

(1) TRICARE Prime. A voluntary health maintenance organization-type (HMO) option.

(2) TRICARE Extra. A preferred provider option.

(3) TRICARE Standard. A cost share option (formerly called CHAMPUS).

45. Unaccompanied. Term applied when family members are not authorized, or choose not, to travel and reside with the sponsor. Also called an "all others tour."

46. Unfit. Finding by a PEB that a service member is not fit to continue active service based on evidence which establishes that the service member is unable to perform assigned duties, to include reserve obligations.

17 Feb 2000

GUIDELINES, PROCEDURES, AND RESPONSIBILITIES FOR
MEDICAL, DENTAL, AND EDUCATIONAL SUITABILITY SCREENING

1. General

a. Screening identifies special needs or potential duty-limiting conditions which are used to determine a service or family member's suitability for an overseas, remote duty, or operational assignment.

b. Screening also provides an opportunity to communicate and document full disclosure of potential environmental exposures and possible health effects in certain locations.

c. Every effort will be made to ensure confidentiality of sensitive medical or personal information.

d. The underlying principle of suitability screening is to screen each service and family member as a specific individual for a specific location at a specific time. A service or family member may be suitable for one location or platform, but unsuitable for another, or suitable at one time and unsuitable at another. Two individuals with the same diagnosis may have different medical requirements, or a duty location may have a capability at one time, but not another.

e. Enrollment in the DEERS is required for family members before proceeding with screening. If not enrolled, notify the service member's command for resolution of DEERS status before proceeding with screening.

f. Service members require screening when in receipt of orders to all overseas, remote duty, sea or field duty, fleet marine force, special operations, construction battalion, or forward deployed Naval force assignments. Screening is also required upon conclusion of temporary LIMDU or upon a finding of "fit for continued Naval service" by a PEB.

g. If a service member is in receipt of orders described in paragraph 1f, their family members require screening when:

(1) Orders authorize an accompanied tour.

(2) A Navy service member is serving an unaccompanied tour for 24 months or more, or if a Marine Corps service member is serving an unaccompanied tour for more than 24 months.

(3) They plan to later join the service member.

Enclosure (2)